

YOUTH COMMUNITY CORRECTIONS BUREAU  
**USE OF FORCE EVALUATION REPORT**

**YOUTH INFORMATION**

**Youth Name:** \_\_\_\_\_ **Youth ID:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Custody:** \_\_\_\_\_  
**Race Code:**    ☐ American Indian    ☐ Asian    ☐ Black    ☐ White    ☐ Hispanic    ☐ Other

**INCIDENT EVALUATION**

**Administrative Evaluation Committee:**

**Date Reviewed**

**Time Reviewed**

Was the level and type of force properly identified and needed? If "No" comment:

☐ Yes    ☐ No

Was the application of the control method used appropriate? If "No" comment:

☐ Yes    ☐ No

Was there an opportunity for voluntary compliance? If "No" comment:

☐ Yes    ☐ No

Was there proper use of protective gear? If "No" comment:

☐ Yes    ☐ No

Was there proper and continuous use of the video camera in a planned use of force? If "NO" comment:

☐ Yes    ☐ No

Was the verbal content of the incident in regards to staff language appropriate? If "NO" comment:

☐ Yes    ☐ No

**Documentation Reviewed:**

- |   |  |
|---|--|
| <input type="checkbox"/> Video Tape                     | <input type="checkbox"/> Shift Supervisor's Report |
| <input type="checkbox"/> Photographs                    | <input type="checkbox"/> Medical Report            |
| <input type="checkbox"/> Use of Force Information Sheet | <input type="checkbox"/> Staff Incident Reports    |

**This Evaluation Committee has determined:**

- ☐ The action taken with respect to this use of force incident was reasonable and necessary.
- ☐ This situation needs further investigation and has been referred to the Department Investigator.
- ☐ A copy of this packet was sent to the Department Security Manager's Office for further review.